

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90127 008 \*\*\*150.00

0545733 AV

**DOCUMENT # P99000021743**

1. Entity Name  
**JAY'S VENDING INC.**



Principal Place of Business  
**4407 55TH AVENUE DRIVE EAST  
BRADENTON FL 34203**

Mailing Address  
**4407 55TH AVENUE DRIVE EAST  
BRADENTON FL 34203**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 20794**

**P.O. Box 20794**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Bradenton FL**

City & State

**Bradenton FL**

4. FEI Number **65-0902260**

Applied For

☐ Not Applicable

Zip

**34204**

Country

**Manatee**

Zip

**34204**

Country

**Manatee**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, JEROME E**

**4407 55TH AVENUE DRIVE EAST  
BRADENTON FL 34203**

Name

**Adams, Jerome E.**

Street Address (P.O. Box Number is Not Acceptable)

**10351 Carlton AVE.**

City

**Myakka City**

FL

Zip Code

**34251**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jerome E Adams*

(NOTE: Registered Agent signature required when reinstating)

**3-24-03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **ADAMS, JEROME E**  
STREET ADDRESS **4407 55TH AVENUE DRIVE EAST**  
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **D** ☒ Change ☐ Addition  
NAME **Adams, Jerome E.**  
STREET ADDRESS **10351 Carlton AVE.**  
CITY-ST-ZIP **Myakka City FL 34251**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jerome E Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-03**

Date

**941-704-4573**

Daytime Phone #

CR2E034 (10/02)